

CYC-Online

Online journal of the International Child and Youth Care Network (CYC-Net)



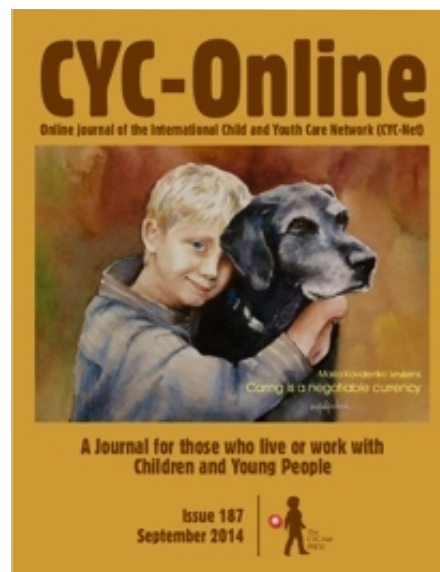
Marla Kovalenko Leysens
Caring is a negotiable currency

**A Journal for those who live or work with
Children and Young People**

**Issue 187
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Generosity Abounds And it helps us all

Over the past few months we have been working on developing the Inaugural CYC-Net Internet Auction (see

<http://www.32auctions.com/cycnetauktion2014>

It has been an experience of collaboration, teamwork, creativity, laughter, and, above all, generosity in its many forms.

It all started when the fine folks at Homebridge Youth Society in Halifax proposed that we have a CYC-Net Internet Auction as a fun way to raise funds. Well, as soon as we began, the folks we like to call the HBYS-CYC-Net Auction Team (Renee, Colleen and Ernie) started to work – creating and managing the site, leading us all through the ins and outs of how to describe, upload, market, refine and tweak the process. They gave of their time and expertise. But perhaps most importantly, they gave of their support which included clear critiques of the impossible ideas some of the rest of us had.

Well formed, clear and caring criticism delivered with the intent of helpfulness is an act of generosity not to be underestimated – it demonstrates caring, shows respect and encourages success.

But the generosity did not end there. If you visit the site, you will see, for example,

that a number of well-respected people have offered of their time and resources in a different manner – they donated a day of their time in consultation or training services. Now that is a generous act, is it not? To take time from your other responsibilities and work to support something you care about – in this case CYC-Net. And, as we joked, to take the risk that nobody will want you 😊

To take the risk to give of ourselves for the benefit of other demonstrates generosity of spirit.

The story does not end here. As the site shows, people were generous in many other ways. Take for example the person who wrote from Scotland saying they wanted to bid on some items, but was wondering how she might get them to Scotland if she were to be the winning bidder. Almost instantly a couple of friends from Canada said they would be going over and they would save room in their suitcase to bring her any items she won. Just like that – no questions were asked, no squabbles over sizes, weight or costs – just an offer of help with no expectations of anything in return. (At least one of us might have tried to negotiate a dram in return 😊 but not them)



To put yourself out, in ways little or large, to help out someone or something you care about is generosity in action.

The CYC-Net Auction site is full of other items that demonstrate the generosity of others – wild rice from Manitoba, Puffins from Newfoundland and Labrador, original art work from Quebec and NL, the iconic warthog from South Africa, honey from Ontario, books signed by authors, and on and on. People going out of their way to make this event special, to encourage others to contribute, to make it a fun and successful first experience. For some it cost money, for some creativity, for some time and, for all, it required thinking about other and going out of your way to help other succeed.

Then there are the acts of generosity which most others will never know about – the people who spread the word about the Auction, the people who suggested helpful ways to make it all work better, the people who wrote and encouraged us, the people who found other, unsung, ways to make this first attempt a successful one.

Quietly helping others to take the first step towards success with no need for acknowledgement is silent generosity at work.

So, now the Auction is open for bidding and we will see even more acts of generosity as in the spirit of support others, like you perhaps, will join in the fun, get into a bidding war and contribute to the future success of CYC-Net.

The Circle of Courage folks like to say that ‘true generosity expects nothing in return, and in return you get the greatest gift of all’ – you become a valued member of your community. This experience has been a fine example of the generosity, with no expectation of personal gain, which typifies our field.

As Ernie Hilton likes to say, Gratitude.

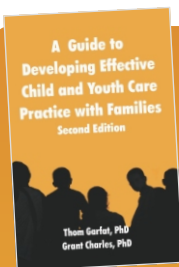
So, thanks to everyone and ‘see you at the auction block’ 😊

You will find us here:

<http://www.32auctions.com/cycnetauction2014>

Time to start the bidding.

Thom



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Apps for the Post-Modern Child and Youth Care Practitioner

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It's September, which means that thousands of new students are entering college and university for the first time. It also means that the elevator rides to my office on the sixth floor are once again turning into observation labs for my sociological mind (I am a hobby sociologist if you didn't know, and a hobby heart surgeon on weekends). Typically, I have two very different kinds of experiences on my elevator rides packed with new students. Sometimes the experience is one of extreme silence, whereby a dozen or so students are sharing the elevator with me, but all are entirely absorbed by their mobile devices, looking at them, listening to them, typing something into them, and often just wildly moving their finger along the front of them for no apparent reason. At other times, the experience is one of uncontained exuberance, with students talking to each other about their professors, their courses, their lovers, their

peers, and to my embarrassment, sometimes even their conquests.

I am most interested in the use of their mobile devices; it seems that not a step is taken without these devices somehow figuring into it. Interestingly, the university itself is promoting the use of these devices, and rapidly developing apps that integrate teaching and learning on the one hand, and the use of smart phones on the other. Post-secondary education is very close to becoming an app itself, to be downloaded rather than journeyed through. But rather than criticizing, I have re-focused on my inclination for strength-based analysis, and so here is my top ten of apps that ought to be developed for the postmodern child and youth care practitioner. In developing this list, my priorities have been the promotion of CYC concepts that just about everyone agrees are at the heart of the discipline.

1. **The Authenticity App** – a simple translation app that allows practitioners to speak into the device using authentic thoughts and language (get your fucking act together) that are then translated into excellent CYC language (let's look at this problem together and see what we can do; it's not you and the problem against me, but you and I against the problem...). This app provides for multiple voices, including gentle female voices and macho male voices, and if necessary, sexy Brazilian accents.
2. **The Plan of Care app** – this app allows practitioners to plan and monitor the implementation of plans of care for young people by simply scanning a young person's forehead, thus inputting data related to all domains of life, including health, emotional well-being, social skills,

academic capacity, and so on. It simply renders the current Plan of Care development, based on paper reports and paper-based measures more efficient.

3. **The Relationship App** – perhaps a little far-fetched, but this is an app that creates a sort of 'social network' that can designate different people as 'friends', and where pretty much all aspects of relationship can be 'posted' in the form of pictures, messages and even conversations.
4. **The Cultural Competency App** – this app serves to ensure that diverse mobile devices can work together; it seeks to create harmonious working relationships between i-Phones, Blackberries and Samsung devices. In the future, even other devices could potentially be welcomed.



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5. **The Self-App** – with this app, practitioners can develop a Self that speaks to their deepest desires of what they always wanted to be. There will be no need for on-going reflection, which is time-consuming and potentially inconsistent. Instead, the Self-App will construct a version of Self based on a few characteristics the practitioner can specify, and then elegantly put this Self to music, a charming video and a social positioning based on other people indicating their ‘liking’ of the Self.
6. **The Awol Elimination App** – this app recreates the service setting virtually. Young people are injected with a tracking device, which a GPS-type sub-app can then track no matter where the young person runs to. By then simply super-imposing the virtual service setting onto the location of the young person, the young person is technically never Awol, since his or her location always correspond to that of the service setting.
7. **The Report Writing App** – this app already exists in the education system. Basically it involves a report template with extensive articulations of in-depth observations and analysis, and then the capacity to simply drop the names of different young people into the template. Sort of like report cards are done in elementary schools.
8. **The Multi-Disciplinary Team app** – a wonderful app that essentially eliminates the need to bring different disciplines together. The app develops an excellent framework for working with a particular young person based on child and youth care principles, and then deletes that framework and replaces it with a medication prescription. The app includes an automatic re-run every two weeks.
9. **A Physical Intervention APP** – following the logic of most crisis intervention packages, this app uses progressively more ancient music at full volume in order to paralyze young people in crisis. The Canadian version includes the entire collection of 1980s hits by Cory Heart as well as the national anthem sung in French by an Anglophone child from Saskatoon. The Australian version includes hip hop versions of AC/DC ballades.
10. **The Professional Development App** – an amazing app that is activated by a simple click of the ‘system update’ icon; all new CYC knowledge is downloaded and the practitioner can rest assured that s/he is always up-to-date.
11. **A Bonus App** – this app automatically accesses the practitioners credit card and transfers a donation to CYC-Net every time the practitioner fails to activate the ‘supervision app’, in which a remote sensor measures the use of all other apps and issues analytics to the practitioner that the latter is required to store on any cloud except Cloud Nine; that one, as we know, is reserved for romantics resisting postmodernity.

Suicide and Relational Care

James Freeman

Abstract

Suicide is a sometimes avoided subject perhaps because of its inherent complexity and mystery. Depending on the circumstances and practice setting, child and youth care practitioners can be challenged with balancing relational engagement and the pressure to follow prescribed intervention practices. This article reflects on two examples of suicide and identifies four specific qualities of relational care to guide practice in times when a young person may be struggling with depression or thoughts of suicide.

Keywords: *Relational child and youth care, suicide intervention and support*

I was out fishing with my daughter on a beautiful summer day when the news alert came through. Robin Williams had died of a possible suicide. I felt the weight of his loss. Although I did not know him personally, Williams had been a present entertainer throughout my childhood and I have benefited from his work in films like *Good Will Hunting*, *Patch Adams*, and *Dead Poets Society*. This man who had given so much to the world and impacted so many chose to end his life much too soon.

Another father with two boys we met around the fishing hole came over with the news. "A friend just texted me," he said, "Robin Williams has died". His coming over to connect over this mutual loss was a reminder that human connectedness is one of our deepest and felt needs. Williams himself had articulated this deep

human need for connectedness eight years earlier in an interview with Diane Sawyer:

...there's a sadness and...there's also hope. With the sadness it's always like you wish they hadn't happened, but they did. And the purpose is to make you different. It's what they call the Buddhist gift. I would call it the ultimate Christian gift. It's that idea of you're back and you realize the thing that matters are others, way beyond yourself. Self goes away. Ego, bye bye. You realize there are a lot of amazing people out there to be grateful for and a loving God. Other than that, good luck. That's what life is about.
(Kazdin & Major, 2006)

Williams struggled with substance abuse and managing the ups and downs of life, yet



his life also demonstrated he was a talented, thoughtful, and generous individual.

The loss of a friend

The news of Robin Williams' death also brought back the memory and feelings of a night fourteen years ago. My wife and I had just arrived home from a trip and there was a message on the machine from my friend Becky. It was news about my friend and colleague Tommy. He had reportedly murdered his girlfriend and hours later jumped in front of a subway train.

Tommy was a talented and creative individual and excelled at just about everything he did. The two of us had worked closely together in youth work for several years. We had spent countless hours scheming crazy ways to engage the kids in the program where we worked. We would often take a group of kids, supporting them in making short films sometimes using stop motion filming. We hosted a weekly "show" at the summer camp where we reviewed highlights of the week and got kids excited about the what was ahead. Tommy taught me many things, one of which was not to take myself too seriously and to enjoy life as each moment unfolds.

Eventually Tommy moved across the country to go to college. The last conversation I had with Tommy was one night after dinner with a group of friends during one of his visits home. "Let's talk soon," he said. "There's some things I really want to talk about with you." I can remember him walking away to his car after that conver-

sation and wonder still what those things might have been.

His life ended tragically just days after his twenty-third birthday. It gives the words from the popular Fray song a keen sense of sadness:

*Where did I go wrong? I lost a friend
Somewhere along in the bitterness
And I would have stayed up with you
all night
Had I known how to save a life*

For me it wasn't in bitterness, as the song says, but the different paths and busyness of life we all experience. Our ability to connect with others in meaningful ways has the potential to save lives. It is a direct hit at the isolation that can lead to despair.

The most important message

Suicide is an often avoided subject because of its inherent mystery and complexity. Yet the most vital messages a person needs to hear in the midst of their struggle are fairly simple. First, they need to hear that they are not alone. Second, they need to be reminded that they have more options to choose from than they are able to see in the current moment. This is what I would have wanted Tommy to know in the dark moments during his last days.

Active suicide intervention is an expertise which has its own body of knowledge and skills, yet all of us working in relational care, especially those working with some of the most vulnerable young people, need

to know how to be supportive to someone who feels like ending their life may be their only option. We are, depending on our practice setting, sometimes challenged with balancing relational engagements and the pressure to follow prescribed intervention practices (Ranahan, 2014). So, how do we communicate those two important messages? Beyond our words, how do we invest our best effort to make sure an individual experiences connection rather than isolation when they feel they are at a dead end?

Garfat & Fulcher (2012) have identified twenty-five characteristics of a relational child and youth care approach which are intended to provide a guideline for our practice in general. There are four specific characteristics which stand out as especially important and applicable in times of support for someone considering taking their own life: meeting others where they are, hanging in, being in relationship, and being emotionally present. Obviously these characteristics do not encompass the totality of a suicide intervention, but they do provide a us with a foundation on which to approach such a situation.

Meeting them where there are

One of the greatest needs of a person considering ending their life is to feel a connection with another person. Meeting someone where they are implies that we go to them rather than require them to come to us. In analyzing responses from focus groups of young people who had faced suicidal thoughts, interviewers found

they youth believed solutions for “the way forward...are all of a social nature like more activities, more clubs, better education on coping with life...they too recognize that the problem for young men concerning suicide is a social problem rather than a psychiatric problem” (Butler & Phelan, 2005). Meeting people where they are requires that we look for them and seek them out, making ourselves present and available, especially in their times of greatest need.

Hanging in

Hanging in includes our commitment to be there when things get tough. It's about being there when it's easier to be somewhere else and making sure the individual knows we care. There's nothing they can do to scare us away or wear us out. We commit to hang in because “human connectedness combats the suicidal despair that thrives when individuals become or feel isolated and the concept of relational engagement is critical to integrate in the best practices of suicide prevention” (Wells, 2014). Isn't this what we would want if we were in their place?

Being in relationship

Being in relationship involves an aspect of mutuality. It requires that we “remain open and responsive in conditions where [others might] quickly distance themselves...and look for the external fix...[it invites us to] get involved, become vulnerable, sense your own fear, feel your own



pain, stay curious about the experience of the other person....” (Fewster, 2004). There is, in these difficult moments, a sense of not knowing exactly what the future holds or how to get there, but the commitment to discover it together.

Being emotionally present

Being emotionally present involves “focusing with immediacy on the other” (Garfat & Fulcher, 2012). It is about being close and available with our own feelings. In critical moments there may be a need for all other distractions to be placed aside so we can focus on the value of the person and the immediacy of the moment. When we are present with the individual and with ourselves we are positioned to make informed decisions on what to say and do next.

Relational care saves lives

Earlier this summer during a visit to Tommy’s grave site my two boys helped pull a few weeds and brush off his headstone. As we hung out together I shared a few stories of our work and those wild things we would do to entertain kids during summer camp. With my youngest son roaming around, my five year old and I sat together. “Dad,” he said after a moment, “I miss Tommy, too.”

Working to integrate these four characteristics of relational care into our practice gives us a foundation for which to help those facing dark times. There may not be a manual on how to save someone

in a moment of despair; but when we engage in relational care and support others in moving from a place of isolation to a place of connectedness we are saving lives every day.

James Freeman is the training director at Casa Pacifica Centers for Children and Families in California, USA and will be connecting with CYCs at the Allambi Ignite conference in Australia this month. He can be reached at jfreeman@casapacific.org.

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Mapping CYC

Part II

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In my previous column, I began to explore the possible ways we might map our work as a way to make sense of what we do and how we think about it. I opened with the idea that the map is not the territory mapped and pointed out the ways in which rigid and abstract maps fail to capture the dynamic realities of lived experience. Such maps, I noted, also have a problematic colonial history that has influenced the way we describe young people in troublesome ways.

However, what I discussed as molar mapping or tracings are fortunately not the only kind of mapping available to us. We needn't remain tied to the colonial legacies of discovery and imperialism in our work with young people. While it is inevitable that some of our maps will become ossified into attempted constructions of generalizable truths, as soon as such maps are solidified they begin to come apart. Indeed, it is only through considerable effort to cover over, ignore

or dismiss the anomalous aspects of any molar mapping that it can be sustained over time. This is particularly true in realms of living relations where shifts and changes at the level of the particular occur quickly, spreading new configurations at the micro and macro level in all directions in every moment.

Seeking such new configurations is CYC as work that engages with young people in their idiosyncratic and unique capacities and expressions. Rather than trying to make sense of our interactions in terms of generalities such as stages of development, diagnostic categories, generalized historical archaeologies of trauma and deficit or normative strengths, this kind of CYC work focuses on the particularities and anomalies of each young person we encounter. This kind of mapping Deleuze and Guattari refer to as molecular cartographies. Such mapping proposes a way of making sense of our work, as a set of dynamic relations. How-



ever, it is important to note that molecular maps are still premised in molar maps. This is because, our discovery of the molecular aspect of relations is founded in the ways in which they disturb and unsettle the stable configurations of truth and certainty. In a way, to think and map our relations in a molecular manner is to open us to the gift of surprise. It is the moment where we discover, to our astonishment, that the young people we encounter are so much more than what we had anticipated.

The surplus here, however, is a bit tricky. In order to perceive our relations at the level of the molecular, as a disturbance to the maps that rigidly structure what think is stable and true, we need to be able to unsettle our own maps of ourselves. To do this, is to encounter young people as a force that opens us, as CYC workers, to significant and ongoing change and transformation. The lines of the molecular map never compose a single or separable subject. They are always composed as assemblages; composite maps that overlap and intrude upon one another, shifting and changing the terrain in ways that imply the possibility for creative morphogenesis.

To read our work molecularly, opens us to the encounter with young people as a mutual field of disturbed certainty. It is the molar structures of identity and personhood that provide the field of terms from which the molecular deviates. Because we imagine ourselves to be gendered, developmentally aged, sexed, raced, and so on, we can begin to discover the ways in which these description begin

to fail us.

As Deleuze and Guattari point out the molecular opens at the moment that we can no longer sustain the illusion of complete understanding and cease to look for an abstract or generalizable resolution to our confusions. The molecular map, then, does not do away with the molar attempts to trace the world. Indeed, the molar builds its force out of just such attempts, blocking and rupturing them and in doing so inadvertently creating configurations of difference. In this process, the molecular, equally inadvertently, gives way to new forms of molar understandings that stabilize and structure the world into operational definitions of function and form.

As such, there is no opposition between molar and molecular maps. They are mutually informative. However, if either map is mistaken for the territory it is describing, they can become far less useful. In our encounters with young people the molar maps of age, gender, race, development, diagnosis and so on are informative in at least two ways 1) they offer us information about how we as a society are constructing our knowledge of each other and of ourselves 2) this information is the basis out of which we can begin to perceive that which doesn't fit. To put it succinctly the molar abstract generalized descriptions of the world are like the blank canvas of the painter, the lump of clay for the potter, the stone for the sculptor, space for the dancer or silence for the musician. The task is to put dominant social knowledge to work as the material for

far more interesting and creative activities and ways of knowing.

Guattari called for a way of working with people based in the working principles of the creative arts, rather than the foundational molar lines of the sciences. In this, he didn't mean to dismiss the importance of science or its contributions to knowledge. Instead, he suggested that science and the creative arts served different social purposes and that it was important to understand the difference. He argued that both science and art are attempts to explore and map the chaos that composes the universe out of which we are formed.

The map that science produces is composed of dreams of unity and law. Science aspires to a comprehensive understanding of how chaos functions as predictable system of order. It wishes to capture chaos within a lens of understanding and comprehension. Art, on the other hand, wants to find ways to express chaos at the level of the sensory. Creative artistic production battles chaos as much as science, but does so in way to make it available to us at the level of intense sensation and powerful affect. It seeks to render tools that can compose chaos into a field of force that can rupture cliché and common sense. Deleuze and Guattari describe it this way referencing Lawrence on poetry,

People are constantly putting up an umbrella that shelters them and on the underside of which they draw a firmament and write their conventions and opinions. But poets, artists, make a slit in the umbrella, they tear open the firmament itself, to let in a bit of free and windy chaos and

to frame in a sudden light a vision that appears in the rent.

Krueger has led the way for a description of our work as dance or jazz. He suggests that we might think of what we do as a dynamic responsive interplay between young people and CYC workers that demands creativity and improvisation. I want to suggest that we take his work a step further and open our working relations as a space where we slit the umbrella and let in a bit of windy chaos.

To do this requires that we map our work as disturbance rather than confirmation. That we seek to found our work in creative confusions and misunderstandings, rather than clear communication and bounded truths. Deleuze and Guattari note that the apparently blank page of the writer or the canvas of the artist is already entirely covered in all the previous art ever produced or words ever written. The silence that precedes the first note of the musician is filled with the noise of all music ever played. In addition, the blank silences of creative endeavor are overscored with the opinions of critics and aficionados, the common sense of what art is in any given age, and the self conscious constructions and anxieties of whether one is an artist at all. It is only in discovering the cracks, fissures and ruptures in the apparently solid façade of opinion and previous creative production that the artist can find space to create something that is not a hackneyed repetition of that which came before.

We face similar challenges in our encounters with young people. All of our encounters are similarly overrun with pre-



vious encounters and all of the opinions and critiques both social and personal that compose a life. One way to avoid the anxiety of facing the apparently blank, but saturated, canvas of the encounter, is to attempt to exempt oneself through an appeal to scientific unified fields of knowledge and law that explain and provide frameworks for what we must do and how we might think about it. However, if we mean to do relational work, it seems to me, that engaging our self without seeking an exemption is crucial.

One way to do this is to seek the molecular disturbances in the relational canvas in front of us. To make it personal, as a molecular mapping, is to find the ways that our relationships with young people are entirely unique and unrepeatable. Like the artist facing the canvas, we would seek to find, in the massive configuration of what has already been done, a radically idiosyncratic combination of elements made up of the particularities of the specific encounter.

This needn't look like a huge difference and indeed it doesn't have to comprise a dramatic moment of resistance, rebellion or rupture. Indeed, too large a movement is easily absorbed back into the molar field as specifically a movement against it, which paradoxically affirms its dominance and hegemony. Instead, molecular maps point to the areas of disturbance that hint at a difference. Therapeutic approaches such as narrative therapy, solution focused therapy and Ericksonian hypnosis are built out of these kinds of understandings. However, with the exception of Erickson's work, the

other two lend themselves too easily to formulaic appropriation. Like musical and artistic forms that were originally innovative and radical, therapeutic endeavors can become hackneyed repetitions empty of their original creative impetus.

To work as an artist of relational capacity requires a refusal of such paint by numbers endeavors. Instead, we need to pay attention to what Deleuze and Guattari note as unique to art, poetry, dance, music and so on: the capacity to express chaos as sensate form. That is to return to the realm of CYC relationship as the art of affective relations. To map our work as molecular, is to pay attention to the ways that we creatively encounter one another outside the boundaries of clear knowing. Instead, we might explore the areas of sensate and indistinct fuzzy possibilities. The molecular map is, in this way, a return to the importance of the unconscious in our work. Freud felt that the road the unconscious was through the interpretation of dreams. I would argue that the royal road to the unconscious is through the sensate maps of the molecular as they delineate the fields of creative capacity for living assemblages of force. In the next and final installment on mapping we will explore the unconscious and creativity as what Deleuze and Guattari call mapping flight.

Of “Waits” and Measures: Taking the pulse of quality care

Maxwell Smart and John Digney

Success consists of getting up just one more time than you fall.

– Oliver Goldsmith, Irish novelist, playwright and poet

Science at best is not wisdom it is knowledge. Wisdom is knowledge tempered with judgment.

– Peter Ritchie Calder, Scottish author, journalist and academic

Have you heard the joke about the tolerant Quantity Surveyor and yes the answer is in the title – ‘As soon as he gets called to a new job, he waits and measures’. A bit of a lame joke but it a circuitous way it introduces us to the topics of ‘monitoring and measuring’ - ‘monitoring the here and now’ and measuring the ‘vital signs of good care’.

When we visit a medical practitioner we are acknowledging there is a problem – we are unwell and need some help. As we all know the doctor will do a few very basic diagnostics - such as taking our pulse, measuring our blood-pressure and listening deeply to our breathing (using a stethoscope). These simple processes, carried out by a trained professional who knows what to look out for, can tell so

much about what is wrong and also what is ok. Knowing what to look out for and knowing how to interpret are fundamental skills possessed by all good doctors and also by all good staff, working with children and youth.



Taking the Residential Pulse

Walking into the sitting room that sunny afternoon, the programme seemed really chilled out. Two kids were out playing Swing-ball™ in the garden with one of the staff whilst another staff was

lightening the barbeque to prepare for a summer supper – ‘al fresco’. The cook was bringing cold drinks and snacks out to everyone in the garden. Peals of laughter percolated the air as the tennis ball, fixed to the light blue pole by means of a length of string, cannoned off the head of the staff that had lost his balance and unceremoniously landed on his backside. The boys took great delight in the light teasing of their adult mentor. The smells and sounds of summer were in the air. All seemed relaxed and the heartbeat of the programme was steady and healthy, slow and rhythmic.

It struck the writers when discussing this recent summer experience that child and youth care programmes and projects are living and breathing organic entities. Just like when we see a person in good physical shape and where one would expect to see signs of that good health, CYC programmes can also show characteristics of good health in that they are vibrant, energetic and responsive, operating in a manner that could be likened to a marathon runner in the peak of condition. Effective, healthy organisational cultures that permeate our programmes and projects have an outlook, focused on positivity and hope - as if they are changing the ‘collective’ health of the world one child at a time.

Similarly, some residential programmes and community based projects demonstrate the



symptomology of ill health, lacking in optimism and with a focus more located in control than care. These deficits programmes seem to look at all that is wrong even to the extent that they see things that are wrong – even when they are not! These programmes are not conducive to good emotional health, often their practices become rooted in an atmosphere of learned helplessness and negativity which can be highly infectious.

Pessimism goes viral when released in child and youth care programmes, unless things are being properly monitored by those who know what to look for and how to respond. Like an airborne contagion, pessimism and hopelessness can be caught. And in programmes with plummeting morale, the ‘vital signs’ of quality care become weaker - like a withering plant desperate for water, these environments become devoid of the nutrients that nurture youth and become ones that attribute blame and seek to simply punish transgression.

Visiting a recently opened secure programme the first thing that was noticed was the absence of ‘decibels’. Things were quiet, but not in a calm, meditative type of way. There were quite a few people around; seven kids and six staff. The kids were mainly watching television and the staff ‘hovering around’. There was no indication that anything was wrong; there was no ‘feeling’ of immanent threat, in fact nothing that could be described as hostile. But there was something ‘out of kilter’ and that

made things appear almost sinister. This is something that has been difficult to translate into words, to describe to others – but there was something not quite right. Over an hour was spent in this Centre and things didn't really change – the adults and the kids remained quiet and it is here that the 'symptom' began to become apparent – there wasn't any communication; there was no connection and no engagement. Things mightn't have been wrong – but they certainly weren't right.



Nurturing the Vital Signs

When care practices fail in our profession, it is often the result of toxic or unhealthy ecologies of care. Fulcher (2008) reports that, 'most maladjustment and emotional illnesses occur ... as a result of a failure to meet basic human needs...' (p.159) and these environments can then become toxic and infectious in terms of poor staff morale, emotional health and quality of relationships. So how can we create healthy ecologies? What are the signs and symptoms of good quality care? What should we be looking out for and how can we 'measure' this?

As we know over recent years 'needs based' care regimes have turned their gaze

away from being simply ways to control troubled behaviour and now focus upon the developmental growth of youth. Programmes with a developmental focus concentrate on engaging practices that are strength oriented and optimistic, with a care focus based on meeting needs rather than controlling or modifying problematic behaviour. These programmes deploy care practices oriented around nurturing belonging, competence, empathy and resiliency. These vital signs seek to understand and addresses the universal growth needs of children and youth and where needs are met through effective practice, healthy ecologies evolve.

As previously identified and articulated by Brendtro, Brokenleg and Van Bockern (1990), the measuring of 'vital signs' as they pertain to the human needs for; belonging, mastery, independence and generosity are essential to give a fuller picture of an individual and what they need to grow well. Emotionally healthy ecologies nurture positive growth and therefore direct us to the 'correct interventions' - to the identification of the metaphorical medicines, vitamins and procedures, seeking to promote growth and development. By meeting needs we are likely to be more effective and in a better position to ease the emotional pain of our charges.

The 'High Level' target therefore has become to help kids and their families meet their unmet needs, to gain a sense of fulfilment and wholeness. So, in understanding this, when we see the vital signs are a little bit shaky and we want to give them a lift and nurture them, what must

we do?

We can readily find information on the processes we ought to embrace – such as the 25 characteristics of effective practice, discussed by Garfat and Fulcher (2012) tabulated below. As mentioned earlier, two skills required by an effective worker are to; know what to look out for, and know how to interpret what they see. A third skill is the application of the ‘remedy’ – how to place the ‘patient’ into the recov-

sition’ for the correct amount of time whilst delivering the appropriate treatments.

Think for a moment about the two short vignettes given in this article – both real events. These give a very brief snap-shot of two points in time (it is acknowledged that the descriptions are also laden with the authors’ subjective interpretations).

Now, consider which ‘feels’ healthier?

<ol style="list-style-type: none">1. Participate with people as they live their lives2. Rituals of encounter3. Meeting them where they’re at4. Being in relationship5. Connection and engagement6. Examining context7. Intentionality of action8. Responsively developmental9. Hanging out10. Hanging in11. Needs-based focus12. Counseling on the go13. Doing ‘with’, not ‘for’ or ‘to’	<ol style="list-style-type: none">14. Working in the now15. Flexibility and individuality16. Rhythmicity17. Reflection18. Meaning-making19. Purposeful use of activities20. Family-oriented21. Being emotionally present22. Strengths based & resiliency focus23. It’s all about us24. Love25. Using daily life events to facilitate change
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Recovery Position

Measuring the vital signs; looking at the needs (those that are met, partially met, unmet and inappropriately met); analysing needs in the context of the kids / family’s ecology and; considering these in terms of appropriate responses, get us to a place where we can put a young person into a ‘recovery position’, whilst ‘holding the po-

Which scenario gives the most hope? Which of these two scenes seem to fit with the analogy to the ‘recovery position’? In the first scene we can almost hear the noise, the banter, the joy and the relationship. A connection has occurred and engagement is happening. Now look to the table above and ponder the number of these characteristics that ‘might’ be getting tended to.

The second scene, the scene of quietness and disconnect – can this be said to resemble a position that is designed for re-

covery? Searching for a medical metaphor, the authors are almost reminded of something akin to a 'leper colony', a place of quarantine not one of growth or recovery, a colony biblical times and not the of the type inhabited by carers such as Mother Theresa. This is a place where the patient is isolated and barely kept alive. Who was measuring the vital signs, analysing the results and placing it into the recovery position? Yet things were so hard to see that day, a silent ominous feeling in the air, where nothing was being said and nothing was being done. We are sure that no one felt good about this, staff or kids. Perhaps there was someone in this ecology who could weigh and measure what needed to get better but the sense of hopelessness and grief were palpable.



Let us leave you with this “home remedy”.

1. Know what the vital signs are (they usually involve a sense of connection and the sound of joy).
2. Know how to measure and nurture these signs (a good place to start is the table above).
3. Have a frame of reference (a needs-based focus certainly is helpful).
4. Create an appropriate recovery position (considering all aspects of

the milieu).

5. Bring your colleagues and the kids to this place.
6. Don't be in a rush (often time is the best medicine)

Remember, an effective child and youth care worker is like a tolerant Quantity Surveyor – they wait and they measure.

Digs and Maxie

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Serious Conduct Problems Among Girls at Risk: Translating Research into Intervention

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Abstract

Until recently, research on serious conduct problems focused primarily on boys and men. In the past decade, however, we have gained a better understanding of the unique and shared risk and protective factors for girls and boys, and the role of gender in relation to developmental pathways associated with such problems. In this paper we discuss findings from the Gender and Aggression Project on risk and protective factors for girls who are perpetrators but also victims of violence. We discuss our findings from a developmental perspective, with the goal of understanding how exposure to adversity and violence early in life places girls at risk for aggression and violence, among other problems, and how continued exposure to trauma and the disruption of interpersonal and self-regulatory developmental processes cascades into ever deeper and broader problems. This research points more clearly to the need for accessible, evidence-based, and developmentally sensitive intervention.

Although rates of youth violence have levelled off in recent years, sizeable increases have been noted from the mid-1980s, particularly in rates of aggressive and violent acts perpetrated by adolescent girls (East & Campbell, 1999;

Juristat, 2004; Puzzanchera, Stahl, Finnegan, Tierney, & Snyder, 2003; Savoie, 2000). As these trends have become apparent, so has our lack of understanding of the role of gender in aggression and violence. Our limited understanding of the developmen-

tal precursors of aggression and antisocial behaviour in girls is due to the fact that past research focused primarily on identifying risk and protective factors, and developmental trajectories for boys (Barker et al., 2010; Vitaro, Brendgen, & Tremblay, 2001; Wilson & Lipsey, 2007). Over the past decade, however, a number of researchers have turned their attention to the causes, correlates, and consequences of aggression and antisocial behaviour among girls (e.g., Acoca, 1998; Altschuler & Armstrong, 1994; Healey, 2001; Moretti & Obsuth, 2011; Moretti, Odgers, & Jackson, 2004; Moretti, Penney, Obsuth, & Odgers, 2006).

Studies are underway examining the developmental pathways from adolescence to adulthood among high-risk girls, a particularly risky period with respect to social and mental health, especially for girls growing up in adverse conditions. Such research is a priority in order to develop prevention and risk reduction programs.

Despite progress in the field, few studies have undertaken a comprehensive investigation of mental health, social-cognitive outcomes, and physical health in girls at high risk for violent and aggressive behaviours. To this end, our research team has worked together over the past decade to better understand the lives of high-risk adolescents in Canada and the United States. The findings reviewed in this paper are derived from our longitudinal research, the Gender and Aggression Project, in which we examined the profiles, risk factors, and outcomes of at-risk adolescent girls and boys in Canada and justice-in-

involved adolescent girls in the U.S. (see Odgers, Moretti, & Reppucci, 2010). We briefly summarize research on maltreatment experiences, vulnerable interpersonal beliefs, attributions, and cognitive patterns; risky romantic relationships; mental health problems, including substance use and suicidality; and physical health challenges. We argue that exposure to adversity, early in development and repeatedly over time, contributes to the development of problematic social-cognitive and emotional processing and, in turn, to mental health problems, substance use, and physical health problems. Our findings are discussed in relation to policy issues and the development of effective prevention and treatment.

Child Maltreatment, Interpersonal Beliefs and Risky Relationships

A large body of empirical evidence exists linking child maltreatment to aggression and violence (e.g., Fergusson & Lynskey, 1997; Widom & White, 1997) in close relationships (Wekerle & Wolfe, 2003; Wolfe, Wekerle, Reitzel-Jaffe, & Lefebvre, 1998). Consistent with this work, our research confirmed that experiences of maltreatment are associated with engagement in aggressive behaviour and a multitude of poor mental, interpersonal, and physical health outcomes for girls. More specifically, girls who were exposed to family violence, physical, emotional, and sexual maltreatment, and neglect reported higher levels of both overt and relational



forms of aggression, and violent offending both concurrently and prospectively (Moretti, Obsuth, & Odgers, 2006; Moretti, Penney et al., 2006; Odgers, Reppucci, & Moretti, 2005). Maltreatment experiences are not only associated with future aggression and violence in girls, but they have also been linked to the development of recurrent patterns of interpersonal problems (Burnette, & Reppucci, 2009; Burnette, South, & Reppucci, 2007; Moretti, Obsuth, Odgers, & Reebye, 2006). Indeed, a large body of literature links maltreatment experiences with the development of Borderline Personality Disorder (BPD) features in girls (Rogosch & Cicchetti, 2005; Wonderlich et al., 2001). Many experts in the field view childhood maltreatment as playing a causal role in the development of BPD by interfering with the development of effective emotion regulation (Linehan, 1993), in conjunction with other factors such as temperament (Harman, 2004). Research carried out by our team (Burnette & Reppucci, 2009; Burnette et al., 2007) and others (Beauchaine, Klein, Crowell, Derbidge, & Gatzke-Kopp, 2009) confirmed that childhood physical abuse was associated with BPD features, and further, that these personality features mediated or accounted for the relationship between maltreatment and aggressive and violent behaviour.

One mechanism through which maltreatment increases the likelihood of perpetration of aggression is via the development of interpersonal expectations and attributions. In our research we investigated two social-cognitive processes that

have been linked to aggressive and violent behaviour: sensitivity to interpersonal rejection and the tendency to ruminate on anger. Rejection sensitivity (RS) is the tendency to defensively expect, readily perceive, and overreact to perceived rejection by others (Downey, Feldman, & Ayduk, 2000). The RS model proposes that severe and prolonged rejection, and maltreatment in particular, in early childhood leads to the development of expectations of rejection from others. RS gives rise to a range of interpersonal problem behaviours in response to perceived rejection, including hostility, aggression, and violence, which in turn can precipitate precisely what is most feared – rejection and abandonment. Our research confirmed the relation between maltreatment and angry expectations of rejection (RS), and between RS and overt and relational aggression (Bartolo, Peled, & Moretti, 2010; Marston, Chauhan, Grover, & Reppucci, 2006).

Not only are girls who are exposed to maltreatment at greater risk for developing angry expectations of rejection, but they are also vulnerable to ruminating on anger (i.e., thinking repeatedly about their feelings of anger and resentment), which in turn increases their feelings of anger and their tendency to be aggressive in relationships (Sukhodolsky, Golub, & Cromwell, 2001). Individuals who engage in anger rumination are more likely than others to retaliate aggressively after being provoked (Caprara, 1986; Collins & Bell, 1997), and may even direct their aggression toward innocent targets (Bushman, Bonacci, Pedersen, Vasquez, & Miller, 2005). Our research confirmed that anger rumination was associated with increased overt and

relational aggression in girls at risk (Bartolo et al., 2010; Peled & Moretti, 2007). Notably, this association between anger rumination and aggressive behaviour was independent of feelings of anger, suggesting that the cognitive process of anger rumination in itself has a direct relation with aggression.

How do experiences of maltreatment and other adversities, in conjunction with the development of interpersonal, cognitive, and affective vulnerabilities, influence the type of romantic relationships that at-risk girls develop? There is convincing evidence that risky romantic relationships are the nexus of continued aggressive behaviour and poor mental health among at-risk adolescent girls: Results show that these girls are victimized in their close relationships and, in turn, they perpetuate aggression within their romantic relationships (e.g., Gilligan & Wiggins, 1988; Odgers et al., 2005). Numerous studies show that female aggression is more likely to ensue in the context of romantic or family relationships (Straus & Ramirez, 2007; Shaw & Dubois, 1995) and that, compared to boys, the victims of girls' violence are more likely to be an acquaintance, friend, or partner (Archer, 2000).

What experiences have led girls to navigate their close relationships through aggressive strategies? In one of our early studies (Moretti, Obsuth, Odgers, & Reebye, 2006) we found that girls who were exposed to their mother's perpetration of aggression toward their father (or their mother's partner) were more likely to be aggressive themselves in their peer

and romantic relationships. In contrast, boys exposed to their father's perpetration of physical aggression toward their mothers (or father's partner) were more likely to be physically aggressive in their peer relationships, but their aggression in their romantic relationships was primarily related to their mothers' perpetration of partner violence. These findings suggest that both girls and boys learn important lessons about navigating close relationships through their exposure to interparental violence. In particular, mothers' perpetration of physical aggression toward romantic partners (i.e., slapping, hitting, using a weapon) appears to be a highly influential model that guides girls' aggression in their own peer and romantic relationships. Our research on attachment patterns in adolescent girls at risk provides further confirmation of the importance of internal models of relationships that influence violence perpetration. Like other researchers (Allen et al., 2002; Allen, Porter, McFarland, McElhaney, & Marsh, 2007; Brown & Wright, 2003), we found that the tendency to be anxiously attached was common among at-risk girls and was associated with the perpetration of interpersonal aggression (Obsuth, 2009; Moretti & Obsuth, 2011).

We concur with Artz (1998) that the significance of relationships for girls can introduce risks for their health and well-being, and more specifically contribute to their vulnerability for victimization and perpetration of violence. This is especially true for girls who are growing up in risky contexts. This model of female aggression



emphasizes the need to understand the experiences of girls in prior relationships – particularly experiences of trauma and maltreatment – in terms of how girls may draw upon their experience of interparental aggression when forming their own intimate, yet violent relationships. Although research on the romantic relationships of at-risk girls is just beginning to burgeon, the emerging findings consistently suggest these girls are vulnerable to forming romantic relationships with antisocial partners and such liaisons can often lead to even further victimization and engagement in risk behaviour (Haynie, Giordano, Manning, & Longmore, 2005). In our recent study of the quality of at-risk girls' romantic relationships, we found that even though many girls reported satisfaction with their partners, the majority of these relationships were characterized by high rates of victimization and violence (see Oudekerk & Reppucci, 2010). In turn, girls who were involved in relationships with antisocial partners were more likely to continue offending, whereas girls who formed relationships with prosocial partners were more likely to desist from crime. Furthermore, violent victimization within girls' romantic relationships was a powerful predictor of risk of violent recidivism: Girls who experienced violence in mid-adolescence were approximately 11 times more likely than girls who were not victimized to commit a violent offence in late adolescence (see Oudekerk & Reppucci, 2010).

Surprisingly, even though many girls reported dating antisocial boyfriends and experiencing violence and victimization within their relationships, 75% of girls felt strongly that their partners cared for and

supported them.

These seemingly contradictory findings – that girls feel cared about and satisfied in relationships in which they are victimized – speak to the powerful influence of lessons about violence and intimacy that girls learn through exposure to interparental violence.

Given these past experiences, girls may come to expect that violence and intimacy go hand in hand. They may even view relationship violence as an expression of attachment. If this is the case, these girls might not be inclined to discuss their partners' abusive and antisocial behaviours with authorities, nor will they be inclined to seek out social services until violence escalates to extraordinary levels. More research is needed to better understand the developmental pathways and experiences of closeness combined with violence that these girls experience. Juvenile justice interventions that promote the formation of healthy romantic relationships may contribute to the reduction of recidivism and encourage positive outcomes in adulthood.

As we will discuss in detail later, these findings point to the primary importance of preventing child abuse as a key to reducing the problem of youth violence, for both girls and boys. Not only do such experiences result in profound damage to young children, but their effects on developmental processes are also carried forward into adolescence and adulthood. Maltreatment experiences have a powerful direct relationship with aggressive behaviour, and they have an equally if not more

deleterious effect through a multitude of cognitive, affective, and interpersonal developmental pathways as we have illustrated here.

Mental Health Problems

Girls involved in aggressive and violent behaviour and those involved in the juvenile justice system bear a heavy burden of mental health problems. Teplin and colleagues (2002) reported that approximately 75% suffer from one or more psychiatric disorders. Similarly, in their longitudinal research, Moffitt, Caspi, Rutter, and Silva (2001) found that 88% of the boys and 93% of the girls met criteria for one or more disorders.

Not only are prevalence rates of externalizing and internalizing disorders among incarcerated females substantially higher than in normative community samples of adolescent females (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Dixon, Howie, & Starling, 2004; Domalanta, W. Risser, Roberts, & J. Risser, 2003; Fazel, Doll, & Langstrom, 2008; Loeber, Farrington, Stouthamer-Loeber, & White, 2008; Teplin et al., 2002), but psychiatric disorders appear even more common among at-risk girls than boys (Cauffman, 2004; Espelage et al., 2003; Grisso, 2004). These findings suggest that incarcerated adolescent females may be the most psychiatrically impaired population in today's juvenile justice system. Our research was consistent with this conclusion: 88% of girls in our Canadian sample and 94% of girls in our U.S. sample met diagnostic cri-

teria for at least one psychological disorder (see Russell & Marston, 2010). More specifically, using a standardized diagnostic interview, Obsuth, Watson, and Moretti (2010) found a lifetime prevalence among Canadian girls at risk of 71% for conduct disorder (CD), 68% for attention deficit hyperactivity disorder (ADHD), 49% for major depressive disorder (MDD), and 52% for post-traumatic stress disorder (PTSD). These rates were even higher for girls with onset of CD before age 10 (i.e., early onset CD): 85% met criteria of ADHD at some point in their life, 74% MDD, and 57% PTSD. Similar results emerged in our sample of at-risk girls from the U.S.

Comorbidity is also the rule rather than the exception among girls at risk (Abram, Teplin, McClelland, & Dulcan, 2003; Dixon et al., 2004; Dolamanta et al., 2003; Ulzen & Hamilton, 1998). Our research also bore consistent findings: In the Canadian sample, 59% of girls met criteria for at least three disorders in addition to CD. Similar rates were observed in our U.S. sample (Russell & Marston, 2010). Not only is the burden of mental health suffering immense among girls at risk for aggressive and violent behaviour, but it is a burden that extends into their future: For example, Russell and Marston (2010) found that ADHD in girls in our American sample increased the odds of self-reported offending, mental health impairment, and continued psychopathology approximately two years after release from detention. ADHD also uniquely, and apart from other comorbid disorders, predicted enduring



externalizing problems such as aggression and rule-breaking behaviour in the transition to adulthood. These results highlight the unique risks that ADHD adds to the mix of comorbid mental health problems experienced by at-risk girls, problems that must be better understood and addressed in treatment planning.

We also examined comorbidity among girls who met criteria for early onset CD (i.e., up to age 10) versus adolescent onset CD (Obsuth et al., 2010). Girls with early versus late onset CD were just as likely to suffer from up to three comorbid psychiatric disorders (i.e., CD plus two additional disorders), suggesting that even those girls with late onset were at high risk for mental health problems as they moved toward adulthood. Nonetheless, early onset girls were more likely than late starters to have four or more disorders showing an even greater burden of risk, confirming prior research on the seriousness of early onset trajectories. However, the important take-home message is not that late onset CD is clinically insignificant; rather, both early onset and late onset CD in girls carries a disconcerting risk for mental health problems which are very likely to cause ripple effects in their social, emotional, and vocational adjustment as they transition to adulthood. Thus, researchers and practitioners are advised to reconsider the assumption that these girls will “grow out of it”.

Substance Use and Dependence

Our results from the Gender and Ag-

gression Project were consistent with previous reports showing that the rates of substance abuse and dependence are high in this high-risk population: 70% met criteria for at least one substance dependence disorder (alcohol, marijuana, and/or street drugs) at the time of the assessment and 74% of youth met criteria for at least one dependence disorder over their lifespan (see Obsuth et al., 2010). Similar rates were observed for girls and boys. With respect to specific substances, alcohol was the most common form of substance problem with almost 60% of youth meeting criteria for a current Alcohol Dependence (AD) and 61% meeting criteria for a lifetime diagnosis of AD. Both girls and boys reported early onset of alcohol use (10.6 years of age). Girls reported their first symptom of AD at approximately 13.3 years of age and boys at 13.8 years of age. Marijuana dependence was also common: 48% met criteria for current Marijuana Dependence (MD) and 57% met criteria for lifetime MD. Girls and boys reported first use around age 11 and first symptoms of dependence at 12.6 years for girls and 13.0 years for boys. Current street drug dependence (SDD, e.g., heroin, downers, cocaine, speed, crack) was diagnosed in 40% of youth and 45% met criteria for a lifetime diagnosis of SDD. First use started around age 13 for girls and boys and the mean onset of dependence occurred shortly afterwards.

In sum, girls who are victimized and victimize others are highly similar to their male counterparts in very early onset of multiple forms of substance use and high

risk for substance dependence. Further, our findings revealed high levels of comorbidity between substance dependence and other psychiatric disorders, particularly for girls (Obsuth et al., 2010). Our findings highlight the urgent need to develop effective early intervention within high-risk populations to reduce early substance use and offset the development of dependence. Such programs must also address the other mental health problems that challenge these youth, particularly girls.

Physical and Sexual Health

The problems experienced by at-risk girls extend beyond their social and emotional well-being. Recently researchers have turned their attention to the medical and physical health challenges that these young women face (e.g., Timmons-Mitchell et al., 1997; Dixon et al., 2004). Our research team addressed this issue by assessing the physical health of a population of girls sentenced to custody in a U.S. state using a multi-method approach that integrated self-report, physician gathered, and biomarker data (see Robins, Odgers, & Russell, 2010). We found that at-risk girls experience high rates of physical health problems (e.g., asthma, obesity), sexual health problems (sexually transmitted diseases, unplanned pregnancy), and are at elevated risk for physical injury (fracture, head injury, gunshot) and self-inflicted harm. Moreover, these problems persisted into young adulthood with 40% continuing to engage in health risk behaviours and

close to 30% reporting that they engage in self-harm behaviour. Thus, not only must programs address the wide range of social, emotional, and mental health problems that at-risk girls experience, and their substance use issues, but programs must also attend to their physical and sexual health problems. Given the long list of acute needs of at-risk girls, it is not surprising that mental health providers and other professionals feel overwhelmed and ill-equipped to provide interventions that are tailored, yet sufficiently broad to be effective.

Implications for Intervention and Social Policy

What are the implications of our findings for treatment and social policy?

Importantly, our work highlights the need for gender-sensitive risk assessment tools (see Penney & Lee, 2010). Girls perhaps more than boys require full spectrum screening programs that assess both externalizing (e.g., conduct disorder, ADHD) and internalizing (e.g., depression, anxiety, PTSD) disorders, as well as substance use disorders.

Developmental sequencing of disorders can be informative in shaping intervention for girls. For example, girls who develop substance use problems secondary to trauma and PTSD may require a different approach to treatment than girls who develop substance use problems in conjunction with conduct disorder and ADHD.

In terms of treatment, the findings pre-



sented here and elsewhere (Glantz et al., 2009; Moretti, Obsuth, & Odgers, 2006; Moretti, Obsuth, Odgers, & Reebye, 2006; Moretti, Penney et al., 2006; Odgers et al., 2005) underscore the importance of prevention and early intervention. Specifically, these results and innumerable others highlight the harmful and long-lasting effects of child maltreatment. *Preventing child abuse and neglect must be a priority if we are serious about reducing violent, aggressive, and antisocial behaviour in all children and youth.* The early, chronic, and serious nature of maltreatment in the lives of high-risk girls warrants special attention. In interviews and from social service records we often learned that girls' experiences of victimization were not identified until much later than the occurrence, and even when identified, intervention was often limited. If interventions occurred (such as placement outside of the family home or changes between foster homes), they were often time-limited, fragmented, and lacked integration into a systemic model of care. Consequently, they did not necessarily lead to better care or better health outcomes; social service files grew thicker but with no identifiable benefit. Importantly, this often appeared as frustrating to social service workers as it was to families and youth themselves. Social workers frequently ran into barriers in accessing appropriate evidence-based services, integrating services and care across systems, and ensuring continuity of services.

High quality, evidence-based, and accessible early interventions must be more readily available across communities. While

many effective programs exist, few are implemented within communities. Indeed, the gap between science and practice in this regard is so significant that it raises questions about our ethical obligations at both research and government levels. For example, excellent programs have been developed for parents, particularly those at high risk, even prior to the birth of their child or early in childhood. Evaluation of services has produced impressive long-term positive effects.

Perhaps the best known of such programs is the Nurse Home Visitation program, which provides home visits to young unmarried teens during their first pregnancy and up to the first two years of the child's life (Olds, 2006). A 15-year follow-up evaluation revealed that the children of mothers who participated in this program had accrued significantly fewer arrests, convictions, and parole violations compared to the children of mothers who did not take part in this program (Olds et al., 1998).

Even if programs are not initiated prior to birth or during a child's infancy, there is still good evidence for intervening in the early school years. For example, the Fast Track program identified high-risk children and randomly assigned them to comparison condition (services as usual) versus an integrated program of family- and child-based intervention beginning in Grade 1 and continuing to Grade 10 (Conduct Problems Prevention Research Group [CPPRG], 2007). Children in the integrated Fast Track program were significantly less likely to be diagnosed with

CD than children who were in the comparison condition. Based on the number of averted conduct disorder cases achieved through the program, it was estimated to save \$3,481,433 for the entire sample included in the study, or \$752,103 for each youth at the highest level of risk (CPPRG, 2007).

Although early childhood prevention and interventions are clearly very important (e.g., Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003; Klein-Velderman, Bakermans-Kranenburg, Juffer, & van IJzendoorn, 2006; Maughan, Christiansen, Jenson, Olympia, & Clark, 2005; Reynolds, Mathieson, & Topitzes, 2009), estimates reveal that between 70% and 90% of young children who are in need of intervention for serious behaviour problems do not receive it (Brestan & Eyberg, 1998). Furthermore, almost half of children who develop serious behaviour problems do not do so until adolescence (Broidy et al., 2003). Even though early onset conduct problems are more likely to have a persistent life course trajectory than are adolescent onset problems (Moffitt, 1993, 2006), as previously noted, our research shows that adolescent onset conduct problems also have serious and lasting consequences for girls. There is good evidence for the effectiveness of integrated wrap-around programs that tailor treatment plans to the needs of each family and include parent, teen, and family interventions. Several trials have supported the efficacy of Multisystemic Therapy or MST (Sheidow & Woodford, 2003) compared to individual outpatient counselling or stan-

dard community treatment in reducing recidivism and improving the quality of family relationships (Carr, 2005). However, research suggests that comparable effects can be achieved through good quality community wrap-around support (Sundell et al., 2008). This seems to suggest that systemic integration is very important and should be sustained and strengthened within communities, whether this is achieved through adoption of a strict MST model or through other means.

Promoting healthy parent-teen relationships is an essential component of all intervention programs in the pre-teen and teen years. During this developmental transition, parents and teens undergo rapid changes and teens are often exposed to very risky situations. Our research highlighted the importance of parent-daughter relationships: Girls at high risk for conduct problems commonly reported a history of child maltreatment, experiences which set a precarious foundation for their expectations about other social relationships (Moretti, Obsuth, & Odgers, 2006; Russell & Marston, 2010). They lacked attachment security in their relationships with their caregivers and they were sensitive and vigilant to rejection (Bartolo et al., 2006). Seeking to have their interpersonal and attachment needs met in other relationships, they often became involved in romantic relationships that placed them at even greater risk for victimization (Oudekerk & Reppucci, 2010).

Interventions for adolescents focused on attachment are beginning to emerge and they show promising results (e.g., G. S.



Diamond, Reis, G. M. Diamond, Siqueland, & Isaacs, 2002; Keiley, 2002). In our work with high-risk teens, we have developed a brief manualized intervention (The Connect Program) designed to promote attachment security in the relationships of caregivers and high-risk teens (Moretti & Obsuth, 2009). This program bears many similarities to other parenting programs, but places parent-teen attachment at the forefront in the theoretical rationale, structure, and content of the program. Our research shows that this short-term, cost efficient program has considerable promise in producing significant reductions in conduct problems and increasing parenting efficacy and satisfaction (Moretti & Obsuth, 2009). These effects were sustained and additional reductions in conduct problems, depression, and anxiety were noted at the 12-month follow-up. Additionally, the program has been highly portable across communities and cultures (Moretti & Obsuth, 2009).

To summarize, there are a number of effective prevention, early intervention, and risk reduction programs to integrate into clinical service delivery models within our communities. What we do not know is whether these programs produce similar results for girls and boys. Some researchers and clinicians argue that differences in risk factors, mental health, and social consequences for girls and boys warrant gender-specific programs (Acoca, 1998; Altschuler & Armstrong, 1994; Healey, 2001; Moretti & Obsuth, 2011; Moretti et al., 2004; Moretti, Penney et al., 2006; Nicholls, Greaves, & Moretti, 2009), point-

ing out that existing research has failed to detect these differences because we have not looked for them in meaningful ways. Others point to the similarities between girls and boys in risk factors and processes related to problem behaviour, and counter that gender-tailored or gender-specific interventions are unnecessary and a waste of limited resources (Scott, Spender, Doolan, Jacobs, & Aspland, 2001). Past studies offer little guidance on this issue because there has been greater focus on the development and evaluation of interventions for adolescent boys than girls (Barker et al., 2010; Vitaro et al., 2001; Wilson & Lipsey, 2007) and gender differences have rarely been addressed even when the same program is delivered to both girls and boys (Maughan et al., 2005).

When gender has been addressed, it was typically examined in a cursory manner by simply comparing outcomes across gender.

What is needed is a gender- and sex-based analysis that goes beyond the previous research and addresses how gender matters in terms of the spectrum of risk and protective factors, the nature and trajectory of comorbid mental health, social, and health problems, and the factors that account for treatment effects. It is entirely possible that similar treatment outcomes occur for girls and boys, but these effects may arise for different reasons or as a function of different therapeutic change processes. For example, in our evaluation of the Connect Program, we have preliminary research that suggests parent-daughter dyads

change differently than parent-son dyads, yet both achieve similar outcomes in terms of reduced conduct problems. If gender matters in determining these processes, it is possible that fine-tuning our interventions to maximize gendered change processes can further increase our treatment effectiveness (Moretti & Obsuth, 2009).

Finally, researchers have been too silent on the issue of cultural and other forms of diversity, but social context matters on several fronts. Programs may not be available or easily accessible and those that are may not be tailored to the unique racial and social context needs and challenges (e.g., Chauhan, Reppucci, & Turkheimer, 2009). Through engagement with communities and youth, tailored programs can be developed that contain standard components with proven efficacy within a culturally sensitive treatment structure.

Summary

In sum, like other researchers, we found that girls at risk for engaging in aggressive and antisocial behaviour were themselves victims of maltreatment and violence (Moretti, Obsuth, & Odgers, 2006; Moretti, Obsuth, Odgers, & Reebye, 2006; Moretti, Penney et al., 2006; Odgers et al., 2005; Penney & Lee, 2010). We also found that these girls developed high levels of vigilance and rejection sensitivity within their close relationships and furthermore, they became involved in romantic relationships in which they were victimized by their partners (Bartolo et al., 2010;

Oudekerk & Reppucci, 2010). Mental health problems emerged early in their development, and they typically experienced multiple mental health conditions as they moved toward early adulthood including PTSD, depression, and substance dependence (Obsuth et al., 2010; Russell & Marston, 2010). Not surprisingly, the majority of these girls suffered poor health outcomes in early adulthood, including mental and physical problems (Robins et al., 2010).

There is no lack of evidence for the clinical and economic value of intervention. Effective programs have been developed to assist at-risk parents prior to the birth of their children; effective programs also exist for early childhood prevention and intervention; new, exciting, and effective programs are emerging for teens. These programs offer considerable benefit at low cost. The critical question is this: If effective and economically advantageous programs exist, why have we lagged so far behind in implementation? This is a serious question for researchers, policy-makers, and clinicians alike. At the heart of the issue is our ethical and moral obligation to do the right thing.

Unless researchers, politicians, and clinicians become aligned and work collaboratively, we are unlikely to improve the lives of children and young adults. If we are unlikely to translate our research into measurable benefits, we should begin to question the value of continuing to invest in research. Harsh statements to be sure, but such issues need to be raised.

As we have noted, we know little about



the relative effectiveness of programs for girls versus boys. Few studies have asked this question, and we have yet to examine this issue in a sophisticated way that can shed light on whether we need gender-specific or gender-tailored programs. For the time being, given the lack of services in general, policy-makers and clinicians are well advised to advocate for the effective programs we now have and to use these wherever possible. This does not preclude further examination of the question of whether and how gender matters in terms of treatment processes and effectiveness. Indeed, this is an exciting area of further research and practice.

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From Desert through Jungle into the Flourishing Garden

Changing a super-structured and punitive approach into a supportive learning environment

Gerrit De Moor

This is my personal evaluation of a three year effort to change a culture where professional adults believed in punishment and rewards as the most effective way to change disturbing behaviours of children. Introducing the advanced skills of Life Space Crisis Intervention helped me to lead these professionals to reconsider their approach and change their methods of working with troubled students.

Do not go where the path may lead; go instead where there is no path and leave a trail. – Ralph Waldo Emerson

I. A Walk into the Desert

In 1989, I started working as an educator in a large residential care setting near Ghent (Belgium), serving youth with EBD¹. I was 24 years old and had no notion of

what EBD was. Thus, I started working with who I was, nothing more, nothing less. It was a difficult period because there was little professional coaching and minimal feedback. I felt like I was thrown into deep, stormy waters without the benefit of having been taught to swim.

I decided to go back to school to learn additional skills for working with youth with EBD. Fortunately, I had the option of going to school one day each week, over the course of four years, while still working with students during the rest of the week. Throughout that time period, I read a lot of books, followed courses about pro-social skills, and worked hard on developing tailor-made pro-social curriculums. In my search to be a high-performing professional, I created a simple credo in which I still highly believe: *an engaged relationship between a child and an adult is the one and only way to obtain funda-*

¹ Emotional and Behavioral Disorders

mental changes in a child's behaviour.

In 2002 I had the opportunity to be part of the first LSCI² training in Europe. My team was part of a scientific study on the effect of the use of LSCI on the behaviour of children and youth with EBD. This study was set up by Dr. Franky D'Oosterlinck. (D'Oosterlinck, 2006).

At that time I was introducing the paradigm of non-violence; a paradigm developed by Dr. Pat Patfoort, a Belgian anthropologist (Patfoort, 1995). I was very happy to notice that LSCI was highly compatible with the paradigm of Dr. Patfoort. It was the start of a four year period in which my team and I developed a constructive and peaceful environment with a group of youth, aged 16 to 18. Even today, I still have the feeling that the youth of those days reached high peaks in their development. It was a time of negotiation, making plans together, and solving problems cooperatively. Peace was never closer in my professional life.

In September 2006, I accepted a promotion to become head-educator in a new program. As a consequence, I had to leave the group of teenagers and the department of youth. I began working with a group of elementary school children, aged 5 to 12. As I was introduced to my new fellow workers and to the program, I no-

ticed that the professional workers in this department had a completely different set of beliefs about changing the behaviour of children. I had the idea that every minute of every day was sharply scheduled for the children. As a matter of routine, children who deviated from the plan were punished and children who followed the rules were rewarded. As a group, the children were under constant pressure to achieve and felt the stress of being watched, as if under a magnifying glass. It seemed as though the adults did not believe in communication with children as a way of coping with acting out or withdrawn behaviors. This surprised me in an extreme way since most of the adults had been trained in LSCI.

This approach was miles away from my beliefs in how to effectively work with children who exhibited difficult behaviours. I really suffered to see how these young children were treated. The highly structured program that relied on a strict punishment and rewards system without regard to circumstances seemed like an impossible environment for children to develop into responsible young people. It reminded me of a dry desert, where plants could neither grow nor flourish. Children became prickly, like cacti. Students were extremely intolerant of each

- 2 LSCI is an advanced, interactive therapeutic strategy for turning crisis situations into learning opportunities for children and youth with chronic patterns of self-defeating behaviors. LSCI views problems or stressful incidents as opportunities for learning, growth, insight, and change. This non-physical intervention program uses a multi-theoretical approach to behavior management and problem solving. LSCI provides staff a roadmap through conflict to desired outcomes using crisis as an opportunity to teach and create positive relationships with youth.



other and towards the adults. They were not motivated to change, had no opportunities to learn from their daily struggles, and acted out their feelings instead of communicating them in words.

It took an intense reflection for me to find out how I could deal with this situation. While I knew that I didn't want to work in a program like this, I was not sure whether my colleagues wanted to change their ways of working with students. Since I had no time to dream and plan the changes I wanted for my team, I made the decision for a big revolution, nearly overnight.

II. Out of the Desert into the jungle: chaos, instability, conflict and growth!

I made the decision to direct my team

to eliminate the endless cycles of punishment and rewards for students. Instead of this behaviour-based approach, I invited them to start really communicating with children, to use I-messages and active listening and to intervene with LSCI in cases of conflict and crisis. With regard to disobedience, we came up with a new motto: "*When the child won't listen to me, I will listen to the child.*" This means that we used LSCI skills to decode the children's inappropriate behaviour, in order to help them connect it to their feelings. Understanding underlying feelings led to greater insight into the child's initial stress and his private logic. Using the Conflict Cycle® as described by Dr. Nicholas Long (Long, Wood, Fecser, 2001), my staff came to understand that their responses, as professional adults, were crucial for defusing potential crises.



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Shortly after I began to implement changes in our approach to students, I had the luck that an experienced educator from another team chose to join our team. He also believed in communication and relationship as the key to working effectively with children with EBD. Slowly but surely, our team evolved in this new way of dealing with the behaviour of children: through communication, relationship and LSCI skills!

Step by step, we obtained a better view into the psychological worlds of each child, working through every crisis with LSCI as our standard method. We paid particular attention to building Timelines with kids (Stage 2 of the LSCI process). Discovering how children perceived events in their lives gave us important information about their inner worlds. It helped us in connecting with and understanding their strengths and fears.

The Insight stage of LSCI also offered new information about the strengths of each child. In the LSCI stage of teaching New Skills, we used these strengths to teach and practice more appropriate behaviours. Giving affirmation to the children when they tried to implement new behaviours gave them more confidence and self esteem.

At first, the other teams didn't believe in our way of working and most of the educators in the other teams persisted in punishing unwanted behaviour and rewarding desired behaviour. Finally, as the year went on, and the end of the school year came nearer, we began to notice something remarkable: while the educators in the other

teams were still acting like policemen trying to make the children follow all of their rules and schedules, a new kind of calm and low-stress atmosphere emerged in our group. There were fewer conflicts in our group and there was a more cooperative way of interacting. We were out of the desert, since there was growth, but it still felt like being in the jungle because our students still got into frequent conflicts when they left our group and met people who were not capable or willing to listen or communicate with them. Although we established a small garden of controlled growth in our group, there was still a jungle in the outer environment, with chaos, instability and growth.

III. Cultivating the Jungle and Heading for a Flourishing Garden: Building a culture where everyone's needs are met

Our fellow workers in the other groups had seen with their own eyes that a psycho-educational approach resulted in children displaying greater self-control and increased pro-social skills, and in an enhanced overall learning environment. Yet something kept them from moving away from their behaviour-based approach and taking the step to a psycho-educational way of working with children.

Since September 2006, the team of head-educators took part in a series of in-service trainings on the topic of leadership. The focus in 2008 was "Conducting Changes". The training was primarily based on the book *Leading Change*, written by



John Kotter (1996). The Trainer gave us the assignment to pick out a change we wanted to achieve and to work on it according to the different stages cited by John Kotter.

First, we investigated and tried to increase the sense of urgency about making the changes. This was not really a hard task, since most of the adults experienced the chaos and instability I described formerly.

Next, we looked for a guiding coalition. Our team of head-educators consisted of five persons and were already a strong group, but we asked our chief to support us. By doing that, the promised change became official. We could spend time to prepare, to inform, and to dream.

The third and fourth steps were to create and formulate a powerful vision. The principal statement of our vision was: *“When I see a child doing something I can’t accept, I will intervene by listening to and communicating with the child. I will work things out with the child and afterwards, I will inform the responsible adults.”* This phrase coincides perfectly with the sixth stage of LSCI: transfer of learning.

As an alternative strategy to punishment and rewarding, we found a lot of interesting material in the work of Linda Kavelin-Popov to found our vision. (Kavelin-Popov, 2000). The description of the Virtues by Mrs. Kavelin-Popov and the five strategies were very helpful to support our vision of communication and

mutual respect between adult and child. In particular, the third strategy of the Virtues Project™³ helped us to set clear boundaries and to focus on restorative actions when children crossed boundaries. Relationships between children and adults were reinforced by involving the children in restoring what went wrong.

Next we worked out our vision by means of a Powerpoint presentation. The Powerpoint was presented at an official meeting with all of the staff and we documented it with cases offered by our staff. Everyone was excited about this new approach, went back to their own groups and tell told them enthusiastically about what they had learned. This seemed to be the real kick-off of our change!

Intense supervision and intervention by the head-educators about specific cases helped the staff to learn this new approach. This seemed especially helpful in implementing LSCI in the daily work of each staff member. Educators felt supported and could develop mastery in using the skills fo LSCI to help children in crisis.

IV. The Garden is Growing: the start of a learning environment in all of our departments

Nowadays, most of the staff is convinced that punishing children systematically in order to adjust their behaviour is pernicious to the relationship between an adult and child. Mostly everyone understands

3 For more information: www.virtuesproject.com

that relationship is the most important way to change the behaviour of children.

But we still have a ways ahead of us.

First, we need to keep this vision alive! We need to remain inspired and maintain the spirit of change. This means we have to persist in communicating our vision and the advantages of our new approach.

Secondly, it is necessary to coach and train the staff intensively. People are now willing to leave the old way of working, but they need to learn new skills. If the staff is not coached or motivated well, it is likely that they will revert to older, more familiar (though less effective) skills.

According to John Kotter the culture will only be really changed at the moment when people act in a spontaneous way, without having to think about the new vision and doing things as a (new) routine. It may take several years before changes are

institutionalized. So, this work is not completed yet, but we have left the desert definitively.

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From the *Kenora Daily Miner & News*

Men march in women's heels to raise awareness of violence against women

Amber McGuckin

About 20 men squeezed their feet into red heels for the Walk a Mile in Her Shoes march, shuffle or for some a stumble on Wednesday, Aug. 6 at Kenora's Harbourfront to raise awareness of sexual violence against women.

"Men always ask us, 'How about us, what are you doing with us?' So here is a challenge for the men," said Mercedes Alarcon, the director of the Kenora Sexual Assault Centre that put on the event. "Sexual violence is a hard subject, so we want to make it easier for them to talk about."

Alarcon said that even though there was a lot of laughing at the event, it doesn't take away from the seriousness of the topic.

"Sexual violence is a very serious subject and a lot of people are afraid to get involved in the conversation. So we thought that bringing this march to Kenora is going to open that space for some people," she said. "For the men who decided to take on this challenge, they are taking it seriously. We want to make it fun, that was the spirit of the walk."



KARL GOMPF getting ready for the *Walk a Mile in Her Shoes* march along the Harbourfront on Wednesday, August 6 to raise awareness about sexual violence against women

Karl Gompf was one of the men who participated in the walk. Even though he has never walked in heels before, he selected one of the highest pairs of heels.

"You kind of get used to them. At first it hurt, then I learned to tip back and put your weight over your heel then you can walk, even if you look a little funny," said Gompf, balancing himself on the Canadian flag pole. "I can't believe women walk in these, my goodness."

Gompf wanted to show his support for sexual violence awareness.

"I think enough men don't speak up about the issue of sexual assault and so I think we just need to join together and speak out."

The 20 men raised a total of \$4,198.80.

My friend called last night with a funny story.

She and her husband had gone away for a few days, leaving her eighteen year old son behind to hold the fort. He's as responsible as any eighteen year old boy can be. Which means they would have been better off leaving their Cocker Spaniel in charge. But there comes a time when you trust your kids — although the wise parent puts away anything breakable and hides the matches.

Anyway, they came home from their trip, and walked into the house ... and my friend's jaw dropped. She looked around, scarcely believing where she was. She leaned outside to check the address. Yep ... this was her house, alright.

It was spotless. Not a dish on the counter, which gleamed in the sunlight. Not a speck of lint on the carpet. The beds were all made, the garbage taken out. It was, she freely admits, the cleanest that her house has been in ... well, forever.

She took a moment, savoured the aroma of lemon from some unidentified cleaning product, then turned to her son.

He smiled proudly. She smiled back and said, "Okay ... when was the big party?"

His face fell. Busted. He reluctantly admitted there had, in fact, been a tiny party on Saturday night. Twenty people, he said (which means close to seventy; with teen-

agers and party numbers, the formula is same as temperature conversion — double it and add thirty two). But he knew he had covered his tracks perfectly ... and yet, somehow, his mother had known. But how ...?

She never told him, but I got it out of her later. It was a classic mistake he made that had given the game away.

"He's a teenage boy," she said. "And he cleaned the house. Perfectly. Better than it's ever been cleaned. He had to be covering up something."

Having once been a teenage boy, I saw her point immediately. Teenage boys don't notice dirt until it can actually support agriculture. My parents couldn't get me to clean the birdcage, let alone my room. As for sterilizing the entire house ... well, I might. But only to cover up either a murder or a wild party. And while I hesitate to eliminate any possibility where teenage boys are concerned, my friend's son doesn't seem like the body-in-the-freezer kind of kid.

Clean Until You're Busted

Nils Ling



You have to feel for him. He probably worked all day Sunday, making sure everything was just right. He cleaned the bathroom, including — drum roll — the toilet (my friend figures someone at the party had ralphed all over the place, forcing his hand). He took back all the empties, including a goodly number that had been there before the weekend — she's been trying to get him to do that for months.

She wasn't mad about the party. She figured he'd have one — didn't we all have a party when our parents were away? Nobody was driving, and nobody got hurt, if you don't count collisions with the toilet

bowl. And the way she looks at it, this was a lot cheaper than hiring a maid service — better job, to boot.

He keeps bugging at her to tell him how she knew. She laughs and says he forgot one thing, and he'll have to figure out what it is. It's gotta be eating away at him. You know he's saying "Next time, I'll clean even better. Next time, I won't leave a trace."

My friend is already planning her next weekend away. Just before Christmas. She's expecting company and wants the place to shine.



**"We disagree theologically.
He think he's perfect and I think he isn't!"**



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Postcard from

Leon Fulcher

September 2014

At Lake Waikaremoana preparing to travel

Kia Ora Everyone! I hope this finds you well in Northern Hemisphere places, at the end of your summer holidays and preparing for the new school term. Southern Hemisphere folk like me are still experiencing winter although celebrating the early signs of approaching spring!



Winter Sou'wester Storms reach storm force across Lake Waikaremoana

Waves of Winter Sou'wester Storms have blown across Lake Waikaremoana during recent weeks. However, it has also been a time of celebration, for the signing of a Treaty of Waitangi settlement with

the peoples of Ngai Tuhoe – the Children of the Mist – who once lived around our Lake.



Scattering of snow at the Onepoto gateway into Te Urewera National Park

The Tūhoe settlement took years of negotiation. In 2010, it came to a halt when the Prime Minister ruled out giving Tūhoe ownership of Te Urewera National Park. Tūhoe did not sign the Treaty of Waitangi but were subjected to harsh Crown policies around land acquisition and access to natural resources. On 22 August, the New Zealand Crown apologised for those wrongs.

<http://www.stuff.co.nz/national/politics/10410463/Crown-sorry-for-Tuhoe-treatment>

The Treaty Negotiations Minister apologised for some of the worst Treaty breaches “in the story of our nation”, including land confiscations, the burning of villages and the execution of children during “a brutal military campaign” in the 19th century – including the use of scorched-earth tactics and the execution of non-combatants as the Crown sought



Waterfalls running at full strength throughout Te Urewera Rainforest

to smoke Te Kooti out of Te Urewera in the late 1860s (See:

http://en.wikipedia.org/wiki/Te_Kooti)



The Last Supermoon over Tuai's Lake Whakamarino until September 2015

In addition to an apology and tribal autonomy, under the terms of Tuhoë's \$170 million settlement with the Crown, Te Urewera National Park becomes a new legal entity governed by a board of Tuhoë and Crown appointees (See:

http://en.wikipedia.org/wiki/Te_Urewera_National_Park).



Tui Birds go crazy as the Kowhai Blossoms signal the early hints of Spring

The Treaty Settlement with Tuhoë will create a shared management structure for New Zealand's largest national park in the North Island. Government's Department of Conservation will now partner with tribal leaders to assume kaitiaki or guardianship of this World-Class ecological site.



**Musician Medicine Woman Actress in Film
'White Lies' performing at Tuai**

A special moment for Tūhoe hapū Tamakaimoana of Waikaremoana, came when the Crown returned the original flag taken from Maungapōhatu during the police arrest of Rua Kenana during World War I.



Air New Zealand – Our National Bridge to the World!

http://en.wikipedia.org/wiki/Rua_Kenana_Hepe_tipa

In the past few weeks, we've enjoyed the visit of Tūhoe musician Whirimako Black to our village for a personal performance! She is also the actress who appears as The Medicine Woman in White Lies – a story about the nature of identity: those who deny it and those who strive to protect it! Go and see it!



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EndNotes



“Kids are more advanced these days. The teenage years now start at 11.”

— **Michael Crichton**, *Prey*

“If you skip one class, everyone knows about it. The teacher will track you down, or one of the guidance counselors will track you down and ask if you're smoking pot. According to the geniuses running this place, the only reason you would skip class is if you're smoking pot, though I actually find my classes more enjoyable when I'm high.”

— **Flynn Meaney**, *The Boy Recession*

“I raised my three teens with love, perseverance, tenacity, sweat, tears, prayers, lighting candles, and the list could go on.”

— **Ana Monnar**

“The difference between ordinary and extraordinary is just a little bit extra.”

— **Kent Healy**, *Chicken Soup for the Soul: Extraordinary Teens*

“There are a million rules for being a girl. There are a million things you have to do to get through each day. High school has things that can trip you up, ruin you, people say one thing and mean another, and you have to know all the rules, you have to know what you can and can't do.”

— **Elizabeth Scott**, *The Unwritten Rule*

“She had been a teenager once, and she knew that, despite the apparent contradictions, a person's teenage years lasted well into their fifties.”

— **Derek Landy**, *Mortal Coil*

“Embrace your beautiful mess of a life with your child. No matter how hard it gets, do not disengage... Do something — anything — to connect with and guide your child today. Parenting is an adventure of the greatest significance. It is your legacy.”

— **Andy Kerckhoff**, *Critical Connection: Parenting Young Teens*



A student stapled a Twenty to her term paper. It proved more persuasive than her writing!

Said the little boy, "Sometimes I drop my spoon."

Said the old man, "I do that too."

The little boy whispered, "I wet my pants."

I do that too," laughed the little old man.

Said the little boy, "I often cry."

The old man nodded, "So do I."

But worst of all," said the boy, "it seems Grown-ups don't pay attention to me."

And he felt the warmth of a wrinkled old hand.

I know what you mean," said the little old man."

— **Shel Silverstein**

"At the age of six I wanted to be a cook.

At seven I wanted to be Napoleon.

And my ambition has been growing steadily ever since."

— **Salvador Dalí**

"His name is Marcus: he is four and a half and possesses that deep gravity and seriousness that only small children and mountain gorillas have ever been able to master."

— **Neil Gaiman**, *Anansi Boys*

"To tell the truth is very difficult, and young people are rarely capable of it."

— **Leo Tolstoy**

"Saw a little girl touch a big bug and shout, "I conquered my fear! YES!" and calmly walk away. I was inspired."

— **Nathan Fillion**

"In terms of days and moments lived, you'll never again be as young as you are right now, so spend this day, the youth of your future, in a way that deflects regret. Invest in yourself. Have some fun. Do something important. Love somebody extra. In one sense, you're just a kid, but a kid with enough years on her to know that every day is priceless. (418)"

— **Victoria Moran**, *Younger by the Day: 365 Ways to Rejuvenate Your Body and Revitalize Your Spirit*

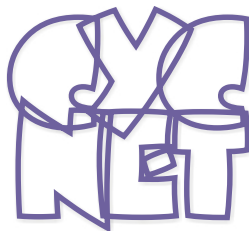
"To tell the truth is very difficult, and young people are rarely capable of it."

— **Leo Tolstoy**

"This world demands the qualities of youth; not a time of life but a state of mind, a temper of the will, a quality of the imagination, a predominance of courage over timidity, of the appetite for adventure over the life of ease."

— **Robert F. Kennedy**





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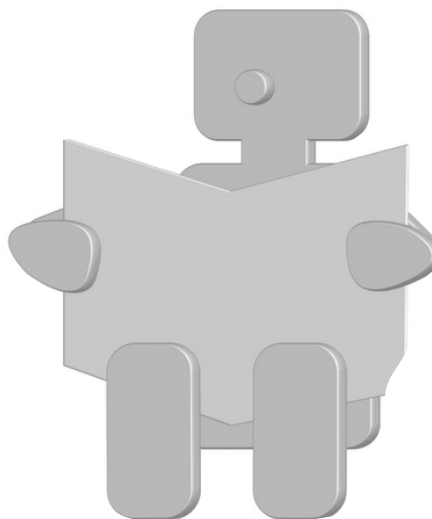
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